FINANCIAL STATUS REPORT

(Short Form)

Federal Co-Chair of Denali Commission A-2004-10 Health Facilities Technical Assistance 3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES P.O. BOX 110650 JUNEAU, AK 99811 4. Employer Identification Number 5. Recipient Account Number or identifying Number 1926001185A7 24319 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 08/01/04 09/30/06 10. Transactions I II	OMB Approval No. 0348-0039 7. Basis XI Cash [] Accrual To: (Month, Day, Year) 12/31/05 III Cumulative	
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8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) O8/01/04 O9/30/06 O9/30/06 Period Covered by this Report From: (Month, Day, Year) To (Month, Day, Year) To (Month, Day, Year) To (Month, Day, Year) To (Month, Day, Year) I II	To: (Month, Day, Year) 12/31/05 III)
10. Transactions To: (Month, Day, Year) From: (Month, Day, Year) To: (Month, Day, Year)	12/31/05 III)
08/01/04 09/30/06 10/01/05 10. Transactions	12/31/05 III	')
10. Transactions	III	
	III	

Previously This		
a. Total outlays Reported Period		
2,164.66 42.00	2,206.66	
D. Recipient share of outlays		
	0	
. Federal share of outlays		
2,164.66 42.00	2 222 22 1	
Tarou	2,206.66	
. Total unliquidated obligations		
	0	
. Recipient share of unliquidated obligations	•	
	. 0	
Federal share of unliquidated obligations		
	0	
Total Federal share (Sum of lines c and f)		
Total Sedemilian de la	2,206.66	
Total Federal funds authorized for this funding period		
	125,000	
Unobligated balance of Federal funds (Line h minus line g)	120,000	
Carlo (and Carlo i mana me g)		
	122,793.34	
a. Type of Rate (Place "X" in appropriate box)		
	•	
. Indirect X Provisional [] Predetermined [] Final		
C. Rate C. Base d. Total Amount	Fixed	
	Federal Share	
2. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. 3. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the guarant deemed.		
Jed of Finited Name and Tine		
Telephone (Area code, number and ex	extension)	-
Patricia A. Carr. Health Program Manager, Division of Public Health		
nature of Authorized Certifying Official (907) 465-8618 Date Report Submitted		
#/men/i /A.		
vious Editions not Usable 729 06		
	Standard Form 269A (1	

ACCEPTED

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110